

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |            | Docket Number (Optional)                          |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
|---|------------|---|--|------------|-------------------------|---|-------|-----------------------|---|-------|---------------------|---|--------|---------------------|--|--------|---------------------|--|--------|----------------------|
| <b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | 081193-000000US                                   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| Application Number 10/599,765   |            | Filed November 17, 2006                           |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| For LIQUID PRESSURE FORMING   |            |   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| Art Unit 1793   |            | Examiner Kuang Y. Lin                             |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65      \$ 65 _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245      \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555      \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865      \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175      \$ _____</td> </tr> </tbody> </table> |            |   |  | <u>Fee</u> | <u>Small Entity Fee</u> | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65      \$ 65 _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245      \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555      \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865      \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175      \$ _____ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                           |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65      \$ 65 _____                             |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245      \$ _____                               |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555      \$ _____                               |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865      \$ _____                               |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175      \$ _____                              |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> .   |            |   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |            |   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,464</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |            |   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| /darin j gibby/<br><small>Signature</small>   |            | September 23, 2010<br><small>Date</small>         |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| Darin J. Gibby, Reg. No. 38,464<br><small>Typed or printed name</small>   |            | (303) 571-4000<br><small>Telephone Number</small> |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>  |            |   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |   |  |            |                         |   |       |                       |   |       |                     |   |        |                     |  |        |                     |  |        |                      |